

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham,  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000004999 (7)

1. Corporation Name

DEAN'S RESERVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2301 MAITLAND CENTER PKWY., STE. 130  
MAITLAND FL 32751

Mailing Address

2301 MAITLAND CENTER PKWY., STE. 130  
MAITLAND FL 32751



3. Date Incorporated or Qualified

10/19/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3363478

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SHIRES, DONALD E~~

~~2301 MAITLAND CENTER PKWY., STE. 130~~  
~~MAITLAND FL 32751~~

81 Name

RONDEAU, PATRICK E.

82 Street Address (P.O. Box Number is Not Acceptable)

5295 TOWN CENTER ROAD

83

SUITE 400

84 City

BOCA RATON

FL

85 Zip Code  
33486

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

PATRICK E. RONDEAU, PRESIDENT, SECRETARY

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

XX DELETE

NAME

GUY, DAVID L

STREET ADDRESS

2301 MAITLAND CENTER PKWY., STE. 130

CITY - ST - ZIP

MAITLAND FL 32751

1.1 TITLE

TD

☐ Change ☒ Addition

1.2 NAME

MURRAY, ALAN L.

1.3 STREET ADDRESS

5295 TOWN CENTER ROAD, STE 400

1.4 CITY - ST - ZIP

BOCA RATON, FL 33486

TITLE

VD

☐ DELETE

NAME

RONDEAU, PATRICK E

STREET ADDRESS

5295 TOWN CENTER RD., STE. 400

CITY - ST - ZIP

BOCA RATON FL 33486

2.1 TITLE

PSD

☒ Change ☐ Addition

2.2 NAME

RONDEAU, PATRICK E.

2.3 STREET ADDRESS

5295 TOWN CENTER RD., STE. 400

2.4 CITY - ST - ZIP

BOCA RATON, FL 33486

TITLE

STD

XX DELETE

NAME

SHIRES, DONALD E

STREET ADDRESS

2301 MAITLAND CENTER PKWY., STE. 130

CITY - ST - ZIP

MAITLAND FL 32751

3.1 TITLE

VD

☐ Change ☒ Addition

3.2 NAME

ROSCHER, DANIEL C.

3.3 STREET ADDRESS

5295 TOWN CENTER ROAD, STE. 400

3.4 CITY - ST - ZIP

BOCA RATON, FL 33486

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

V

☐ Change ☒ Addition

4.2 NAME

DEVOR, DONNA L.

4.3 STREET ADDRESS

2301 MAITLAND CENTER PKWY., STE. 130

4.4 CITY - ST - ZIP

MAITLAND, FL 32751

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

200001755312

-03/25/96--01005--034

\*\*\*61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Patrick E. Rondeau*

PATRICK E. RONDEAU

1/31/96

407-361-2705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Evening Phone #

3-77-91

CR2E037 (12/95)